

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning MAY 1, 2010 and ending APR 30, 2011

B Check if applicable	C Name of organization <b>NATIONAL RIGHT TO LIFE COMMITTEE, INC.</b>		D Employer identification number <b>52-0986195</b>
Address change Name change Initial return Terminated Amended return Application pending		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) <b>512 10TH STREET, NW</b>	
		Room/suite	E Telephone number <b>(202)626-8800</b>
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20004</b>	
F Name and address of principal officer <b>AMARIE NATIVIDAD</b> <b>SAME AS C ABOVE</b>			
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► <b>WWW.NRLC.ORG</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1973</b> M State of legal domicile: <b>DC</b>			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <b>ORGANIZATION DEVOTED TO DISSEMINATING INFORMATION AND SUPPORT FOR PRO-LIFE ISSUES.</b>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34
3	58
4	50
5	63
6	50
7a	20,100.
7b	0.

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>8,842,029.</b>	Current Year <b>8,569,013.</b>
	9 Program service revenue (Part VIII, line 2g)	35,286.	21,036.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,412.	17,928.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	164,830.	122,909.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,075,557.</b>	<b>8,730,886.</b>
		0.	0.
		0.	0.

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year <b>8,842,029.</b>	Current Year <b>8,569,013.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	35,286.	21,036.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,412.	17,928.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	164,830.	122,909.
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>1,803,546.</b>	9,075,557.	8,730,886.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	0.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,739,053.</b>	<b>4,390,735.</b>

Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	Prior Year <b>9,186,543.</b>	Current Year <b>8,733,100.</b>
		0.	0.
		0.	0.
		0.	0.
		-110,986.	-2,214.
		Beginning of Current Year <b>2,826,859.</b>	End of Year <b>2,668,483.</b>
		3,274,133.	3,116,197.

Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Prior Year <b>2,826,859.</b>	Current Year <b>2,668,483.</b>
	21 Total liabilities (Part X, line 26)	3,274,133.	3,116,197.
	22 Net assets or fund balances Subtract line 21 from line 20	-447,274.	-447,714.
		Beginning of Current Year <b>2,826,859.</b>	End of Year <b>2,668,483.</b>
		3,274,133.	3,116,197.
		-447,274.	-447,714.
		0.	0.

## Part II Signature Block

Sign Here	Signature of officer <i>Amarie Natividad</i>	Date <i>9/9/11</i>
	AMARIE NATIVIDAD, CHIEF FINANCIAL OFFICER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <b>CRAIG A. STEVENS, CPA</b>	Preparer's signature <i>Craig A. Stevens</i>	Date <b>9-9-11</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► <b>CALIBRE CPA GROUP PLLC</b>			Firm's EIN ►	
	Firm's address ► <b>1850 K STREET, N.W.</b>				
				Phone no.	<b>(202)331-9880</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

**Form 990 (2010)**

NATIONAL RIGHT TO LIFE COMMITTEE INC.

52-0986195 Page 2

### Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

**1 Briefly describe the organization's mission.**

ORGANIZATION DEVOTED TO DISSEMINATING INFORMATION AND SUPPORT FOR PRO-LIFE ISSUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 1,581,115, including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

FEDERAL AND STATE LEGISLATIVE ACTIVITIES: RELATE TO PROGRAMS THAT ADVANCE NRLC'S PUBLIC POLICY GOALS. WRITTEN MATERIALS ON FEDERAL AND STATE POLICY ISSUES ARE PREPARED. THE PROGRAM COORDINATES GRASSROOTS LOBBYING EFFORTS. IT DEVELOPS PROGRAMS AND IMPLEMENTS ARGUMENTS AND STRATEGIES IN THE FIGHT AGAINST ABORTION AND EUTHANASIA. THE PROGRAM ASSISTS STATE AFFILIATES SEEKING TO ENACT PROTECTIVE LEGISLATION THAT PROVIDES CIVIL REMEDIES. PUBLIC RELATIONS & PUBLIC AWARENESS: PROGRAMS THAT EDUCATE THE PUBLIC ON ABORTION, INFANTICIDE AND EUTHANASIA BY DEVELOPING AND PLACING ADS; PRODUCING AND PROMOTING BROADCAST PROGRAMS AS WELL AS LONG-FORMAT RADIO AND TV PROGRAMS; AND THROUGH OTHER MEDIA KEEP THE PUBLIC INFORMED ON ONGOING RELATED ISSUES.

4b (Code \_\_\_\_\_) (Expenses \$ 1,124,744, including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**POLITICAL PROGRAMS ADMINISTRATIVE SUPPORT**

**4d Other program services. (Describe in Schedule O)**

(Expenses \$ 1,987,806, including grants of \$ ) (Revenue \$ 23,667, )

4e Total program service expenses ► 5,684,626.

## Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- Was the organization included in consolidated, independent audited financial statements for the tax year?  
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1		X
2	X	
3		X
4		
5	X	
6		X
7		X
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f		X
12a	X	
12b	X	
13		X
14a	X	
14b		X
15		X
16		X
17	X	
18		X
19		X
20a		X
20b		

Form 990 (2010)

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21		X
22		X
23	X	
24a		X
24b		
24c		
24d		
25a	X	
25b		X
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34	X	
35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	

Form 990 (2010)

Form 990 (2010)

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195 Page 5

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	1a	7
1b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	63
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c). <i>Handwritten note: 170(c) is crossed out</i>	7d	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7e	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7f	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7g	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7h	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	8	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	9a	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9b	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2010)

032005  
12-21-10

Form 990 (2010)

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195 Page 6

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year  
 58  
 1b Enter the number of voting members included in line 1a, above, who are independent  
 50

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  
 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  
 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  
 4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets?  
 5 X

6 Does the organization have members or stockholders?  
 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
 7a X

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body  
 8a X  
 b Each committee with authority to act on behalf of the governing body?  
 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  
 9 X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?  
 10a X

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  
 10b X

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  
 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 12a X

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 12b X

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
 12c X

13 Does the organization have a written whistleblower policy?  
 13 X

14 Does the organization have a written document retention and destruction policy?  
 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official  
 15a X

b Other officers or key employees of the organization  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  
 15b X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
 16a X

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  
 16b X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
AMARIE NATIVIDAD - (202) 626-8800  
512 10TH STREET, NW, WASHINGTON, DC 20004

032006  
12-21-10

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2010)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
HON. GELINE B. WILLIAMS CHAIRMAN OF THE BOARD	1.00	X	X				0.	0.	0.
HON. JAY DUENWALD VICE CHAIRMAN OF THE BOARD	1.00	X		X			0.	0.	0.
CAROL TOBIAS PRESIDENT	1.00	X	X				0.	0.	0.
ANTHONY LAUINGER VICE PRESIDENT	1.00	X	X				0.	0.	0.
DAVID O' STEEN CO-EXECUTIVE DIRECTOR	40.00	X	X				112,900.	0.	18,310.
DARLA ST. MARTIN CO-EXECUTIVE DIRECTOR	40.00	X	X				101,800.	0.	17,394.
REV. DENNIS C. DAY TREASURER	1.00	X	X				0.	0.	0.
HOLLY GATLING SECRETARY	1.00	X	X				0.	0.	0.
JEANNE HEAD, R.N. DIRECTOR	1.00	X					0.	0.	0.
LARRY HELL DIRECTOR	1.00	X					0.	0.	0.
CHERYL CIAMARRA DIRECTOR	1.00	X					0.	0.	0.
KAREN LEWIS DIRECTOR	1.00	X					0.	0.	0.
CAROLYN F. GERSTER DIRECTOR	1.00	X					0.	0.	0.
SUSAN SMITH DIRECTOR	1.00	X					0.	0.	0.
HELEN ANN HAHN DIRECTOR	1.00	X					0.	0.	0.
HON. LYNDA BELL DIRECTOR	1.00	X					0.	0.	0.
DAN BECKER DIRECTOR	1.00	X					0.	0.	0.

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee			
PAUL MALONEY DIRECTOR	1.00 X						0.	0.	0.
BARTH BRACEY DIRECTOR	1.00 X						0.	0.	0.
KAREN PENCE DIRECTOR	1.00 X						0.	0.	0.
KIM PITTS DIRECTOR	1.00 X						0.	0.	0.
ALAN HANSEN DIRECTOR	1.00 X						0.	0.	0.
MARGIE MONTGOMERY DIRECTOR	1.00 X						0.	0.	0.
SHARON RODI DIRECTOR	1.00 X						0.	0.	0.
BOB EMRICH DIRECTOR	1.00 X						0.	0.	0.
ANNE FOX DIRECTOR	1.00 X						0.	0.	0.
<b>1b Sub-total</b>							<b>214,700.</b>	<b>0.</b>	<b>35,704.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>365,000.</b>	<b>5,000.</b>	<b>125,794.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>579,700.</b>	<b>5,000.</b>	<b>161,498.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► *700 7159177* 2

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5 X	

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
STRATEGIC 7591 9TH STREET, N, OAKDALE, MN 55128	TELECOMMUNICATION	733,343.
TREASURE STATE DEVELOPMENT, 3390 COLTON DRIVE, SUITE B, HELENA, MT 59602	PROFESSIONAL FUNDRAISING	306,774.
MDS COMMUNICATIONS CORP. 545 W. JUANITA AVENUE, MESA, AZ 85210	TELECOMMUNICATION	299,952.
CAPITOL RESOURCES 700 E. PLEASANT STREET, BROOKLYN, IA 52211	TELECOMMUNICATION	106,316.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

032008 12-21-10

Form 990 (2010)

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
BARBARA LISTING DIRECTOR	1.00	X					0.	0.	0.
LEO LALONDE DIRECTOR	1.00	X					0.	0.	0.
BARBARA WHITEHEAD DIRECTOR	1.00	X					0.	0.	0.
MAGGIE BICK DIRECTOR	1.00	X					0.	0.	0.
GREGG TRUDE DIRECTOR	1.00	X					0.	0.	0.
JULIE SCHMIT ALBIN DIRECTOR	1.00	X					0.	0.	0.
MELISSA CLEMENT DIRECTOR	1.00	X					0.	0.	0.
ROGER STENSON DIRECTOR	1.00	X					24,000.	5,000.	16,836.
ANNE M. PERONE DIRECTOR	1.00	X					0.	0.	0.
DAUNEEEN DOLCE DIRECTOR	1.00	X					0.	0.	0.
EMMA O'STEEN DIRECTOR	1.00	X					0.	0.	0.
JOHN C. WILLKE DIRECTOR	1.00	X					0.	0.	0.
GAYLE ATTEBERRY DIRECTOR	1.00	X					0.	0.	0.
DENISE T. WILCOX DIRECTOR	1.00	X					0.	0.	0.
ED ALBIN DIRECTOR	1.00	X					0.	0.	0.
JOSEPH GRAHAM DIRECTOR	1.00	X					0.	0.	0.
KATHRYN CECIL DIRECTOR	1.00	X					0.	0.	0.
MARY HAHN BEERWORTH DIRECTOR	1.00	X					0.	0.	0.
KENNETH VAN DERHOEF DIRECTOR	1.00	X					0.	0.	0.
CHET RUCINSKI DIRECTOR	1.00	X					0.	0.	0.
Total to Part VII, Section A, line 1c									

Form 990 (2010)

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
RAIMUNDO ROJAS DIRECTOR	20.00	X					39,000.	0.	15,354.
REV. BOB VANDEN BOSCH DIRECTOR	1.00	X					0.	0.	0.
KAREN CROSS DIRECTOR	40.00	X					80,000.	0.	38,105.
KAREN DICOSTANZO DIRECTOR	1.00	X					0.	0.	0.
JACKI RAGAN DIRECTOR	40.00	X					90,000.	0.	17,394.
BRIAN JOHNSTON DIRECTOR	40.00	X					81,000.	0.	38,105.
CONNIE PRATT DIRECTOR	1.00	X					0.	0.	0.
MICHELLE AROCHA ALLEN DIRECTOR	1.00	X					0.	0.	0.
MILDRED JEFFERSON, M.D. DIRECTOR	1.00	X					0.	0.	0.
JOHN WAYNE COCKFIELD DIRECTOR	1.00	X					0.	0.	0.
SUSAN SMITH LATAIF DIRECTOR	1.00	X					0.	0.	0.
WANDA FRANZ, PH.D. PRESIDENT-FORMER	40.00			X			51,000.	0.	0.
<i>1200075917</i>									
Total to Part VII, Section A, line 1c							365,000.	5,000.	125,794.

032201 12-21-10

11510909 712177 THIS IS A COPY OF A LIVE DATA RETURN 10  
2010.04020 NATIONAL RIGHT TO LIFE COMM 70091\_1

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	8,569,013.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		► 8,569,013.			
Program Service Revenue		Business Code			
2 a NEWSPAPER SUBSCRIPTION		511110	21,036.	21,036.	
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		► 21,036.			
3 Investment income (including dividends, interest, and other similar amounts)			► 17,134.		17,134.
4 Income from investment of tax-exempt bond proceeds			►		
5 Royalties			►		
6 a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)			►		
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	145,410.				
c Gain or (loss)	144,616.				
d Net gain or (loss)	794.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events	►				
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities	►				
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue	Business Code				
11 a MAILING LIST SALES	900099	85,951.			85,951.
b ADVERTISING	541800	20,100.		20,100.	
c MISCELLANEOUS	900099	14,227.			14,227.
d All other revenue	900099	2,631.	2,631.		
e Total. Add lines 11a-11d		► 122,909.			
12 Total revenue. See instructions.		► 8,730,886.	23,667.	20,100.	118,106.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	691,961.	486,449.	139,084.	66,428.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,778,269.	1,219,456.	387,686.	171,127.
9 Other employee benefits	90,496.	66,501.	15,131.	8,864.
10 Payroll taxes	872,132.	646,026.	140,366.	85,740.
11 Fees for services (non-employees)	95,817.	70,411.	16,021.	9,385.
a Management				
b Legal	60,047.	44,852.	11,096.	4,099.
c Accounting	38,000.		38,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	813,690.			813,690.
f Investment management fees				
g Other	1,052,170.	1,021,448.	13,706.	17,016.
12 Advertising and promotion	2,919.	2,902.	17.	
13 Office expenses	224,174.	191,551.	22,933.	9,690.
14 Information technology	282,056.	235,948.	2,256.	43,852.
15 Royalties				
16 Occupancy	372,622.	300,108.	45,654.	26,860.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	278,056.	231,964.	34,520.	11,572.
20 Interest				
21 Payments to affiliates	80,694.	80,694.		
22 Depreciation, depletion, and amortization	3,886.	2,989.	598.	299.
23 Insurance	39,190.	15,650.	23,540.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>POSTAGE AND MAILING</u>	1,047,125.	600,519.	29,644.	416,962.
b <u>PRINTING AND PRODUCTION</u>	438,643.	320,774.	205.	117,664.
c <u>LOCKBOX FEES</u>	276,617.		276,617.	
d <u>MISCELLANEOUS</u>	85,894.	64,237.	21,407.	250.
e <u>DUES, SUBSCRIPTIONS AND</u>	76,046.	75,147.	851.	48.
f All other expenses	32,596.	7,000.	25,596.	
25 Total functional expenses. Add lines 1 through 24f	8,733,100.	5,684,626.	1,244,928.	1,803,546.
26 Joint costs Check here ► <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	887,191.	452,466.	0.	434,725.

Form 990 (2010)

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195 Page 11

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	68,311.
	2 Savings and temporary cash investments	93,076.	2	382,320.
	3 Pledges and grants receivable, net	2,220,542.	3	1,124,883.
	4 Accounts receivable, net	38,577.	4	469,157.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,543.	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	383,946.		
	b Less accumulated depreciation	9,048.	10c	5,162.
	11 Investments - publicly traded securities	449,073.	11	449,809.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0.	15	168,841.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,826,859.	16	2,668,483.	
17 Accounts payable and accrued expenses	3,274,133.	17	2,966,197.	
18 Grants payable		18		
19 Deferred revenue		19		
20 Tax-exempt bond liabilities		20		
21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
23 Secured mortgages and notes payable to unrelated third parties		23		
24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities Complete Part X of Schedule D	0.	25	150,000.	
26 Total liabilities. Add lines 17 through 25	3,274,133.	26	3,116,197.	
Liabilities	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,146,557.	27	-1,572,597.
	28 Temporarily restricted net assets	1,699,283.	28	1,124,883.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-447,274.	33	-447,714.
	34 Total liabilities and net assets/fund balances	2,826,859.	34	2,668,483.
Net Assets or Fund Balances				

Form 990 (2010)

Form 990 (2010)

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195 Page 12

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	1	8,730,886.
2	2	8,733,100.
3	3	-2,214.
4	4	-447,274.
5	5	1,774.
6	6	-447,714.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2010)



Schedule C (Form 990 or 990-EZ) 2010 **NATIONAL RIGHT TO LIFE COMMITTEE, INC.** 52-0986195 Page 2  
**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768  
 (election under section 501(h)).

A Check ►  if the filing organization belongs to an affiliated group

B Check ►  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-		
i	Subtract line 1f from line 1c. If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 **NATIONAL RIGHT TO LIFE COMMITTEE, INC.** 52-0986195 Page 3  
**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768  
 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 <input checked="" type="checkbox"/>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 <input checked="" type="checkbox"/>	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3 <input checked="" type="checkbox"/>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1 <input type="checkbox"/>
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2 <input type="checkbox"/>
a Current year	2a <input type="checkbox"/>
b Carryover from last year	2b <input type="checkbox"/>
c Total	2c <input type="checkbox"/>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 <input type="checkbox"/>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 <input type="checkbox"/>
5 Taxable amount of lobbying and political expenditures (see instructions)	5 <input type="checkbox"/>

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

---



---



---



---



---



---



---

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**NATIONAL RIGHT TO LIFE COMMITTEE, INC.**Employer identification number  
**52-0986195****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	► \$ _____
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	► \$ _____
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$ _____
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Schedule D (Form 990) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►	%
b Permanent endowment ►	%
c Term endowment ►	%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,525.	10,525.	0.
d Equipment		243,958.	243,838.	120.
e Other		129,463.	124,421.	5,042.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				5,162.

Schedule D (Form 990) 2010

032052  
12-20-10

## Schedule D (Form 990) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 3

## Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

## Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

## Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) RECEIVABLE FROM NATIONAL RIGHT TO LIFE EDUCATIONAL TRUST	
(2) FUND	168,841.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

## Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO NATIONAL RIGHT TO LIFE	
(3) POLITICAL ACTION COMMITTEE	150,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

150,000.

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053

12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010      NATIONAL RIGHT TO LIFE COMMITTEE, INC.      52-0986195      Page 4

1 Total revenue (Form 990, Part VIII, column (A), line 12)		8,730,886.
2 Total expenses (Form 990, Part IX, column (A), line 25)		8,733,100.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		-2,214.
4 Net unrealized gains (losses) on investments		1,774.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		1,774.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-440.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	8,732,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,774.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,774.
3	Subtract line 2e from line 1	3	8,730,886.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,730,886.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	8,733,100.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,733,100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,733,100.

**Part XIV** Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2010

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number  
E3 098619E

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TREASURE STATE DEVELOPMENT -	PROFESSIONAL FUNDRAISING	X	X	306,774.	306,774.	0.
3390 COLTON DR., SUITE B,						
MDS COMMUNICATIONS CORP. -	TELECOMMUNICATION	X	X	299,952.	299,952.	0.
545 W. JUANITA AVENUE, MESA,						
CAPITOL RESOURCES - 700 E	TELECOMMUNICATION	X	X	106,316.	106,316.	0.
PLEASANT STREET, BROOKLYN, IA						
<b>Total</b>				713,042.	713,042.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
SEE PART IV FOR CONTINUATIONS**

Schedule G (Form 990 or 990-EZ) 2010

032081 01-13-11

## Schedule G (Form 990 or 990-EZ) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d)				► ( )
11 Net income summary. Combine line 3, column (d), and line 10				► ( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ( )
8 Net gaming income summary Combine line 1, column d, and line 7				► ( )

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
b If "Yes," explain \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in  Yes  No

a The organization's facility

b An outside facility

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TREASURE STATE DEVELOPMENT

(I) ADDRESS OF FUNDRAISER: 3390 COLTON DR., SUITE B, HELENA, MT 59602

(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP.

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVENUE, MESA, AZ 85210

(I) NAME OF FUNDRAISER: CAPITOL RESOURCES

Schedule G (Form 990 or 990-EZ) 2010 NATIONAL RIGHT TO LIFE COMMITTEE, INC. 52-0986195 Page 4  
Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 700 E PLEASANT STREET, BROOKLYN, IA 52211

100759177

SCHEDULE J  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization

Employer identification number

NATIONAL RIGHT TO LIFE COMMITTEE, INC.

52-0986195

## Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
- b Participate in, or receive payment from, a supplemental non-qualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

032111  
12-21-10

11510909 712177 THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY  
2010.04020 NATIONAL RIGHT TO LIFE COMM 70091 1

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WANDA FRANZ, PH.D.	51,000.	0.	0.	0.	0.	51,000.	0.
2	0.	0.	0.			0.	0.
3	0.	0.	0.				
4	0.	0.	0.				
5	0.	0.	0.				
6	0.	0.	0.				
7	0.	0.	0.				
8	0.	0.	0.				
9	0.	0.	0.				
10	0.	0.	0.				
11	0.	0.	0.				
12	0.	0.	0.				
13	0.	0.	0.				
14	0.	0.	0.				
15	0.	0.	0.				
16	0.	0.	0.				

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

**SCHEDULE O**  
(Form 990 or 990-EZ)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047  
**2010**  
Open to Public  
Inspection

Name of the organization

NATIONAL RIGHT TO LIFE COMMITTEE, INC.Employer identification number  
52-0986195FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:ORGANIZATION AND MEMBERSHIPEXPENSES \$ 671,588. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NRL NEWS: IS A MONTHLY 28 TO 32 PAGE NEWSPAPER. IT IS THE RIGHT TO LIFE NEWSPAPER OF RECORD THAT COVERS PRO-LIFE ISSUES AND IN-DEPTH ANALYSIS OF RELATED TOPICS. IT IS THE PUBLICATION FOR GRASSROOTS ACTIVISTS, AS WELL AS JOURNALISTS, ACADEMICS, AND SOCIAL SCIENTISTS.

EXPENSES \$ 665,637. INCLUDING GRANTS OF \$ 0. REVENUE \$ 21,036.INFORMATION TECHNOLOGYEXPENSES \$ 322,637. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.MEDICAL ETHICSEXPENSES \$ 244,865. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.CONVENTIONEXPENSES \$ 80,694. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,631.COMMUNICATIONSEXPENSES \$ 2,385. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: EMMA O'STEEN, THE ELECTED REPRESENTATIVE FROM THE STATE OF NORTH CAROLINA TO THE BOARD OF DIRECTORS, IS THE MOTHER OF DAVID O'STEEN, EXECUTIVE DIRECTOR.

Schedule O (Form 990 or 990-EZ) (2010)

Page 2

Name of the organization <b>NATIONAL RIGHT TO LIFE COMMITTEE, INC.</b>	Employer identification number <b>52-0986195</b>
---	---

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY INDEPENDENT ACCOUNTANT. PRIOR TO FILING, THE 990 IS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE. ANY QUESTIONS AND CONCERNS ARE SUBSEQUENTLY ADDRESSED BY THE CPA PRIOR TO FILING A FINAL RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY TO ENSURE COMPLIANCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, LA, MD, ME, MI, MN, MO, MS, NC, ND, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 1,774.

FORM 990 PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

THE AUDIT COMMITTEE'S PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED.



THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Organization created as a corporation or trust during the tax year /	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
NATIONAL RIGHT TO LIFE POLITICAL ACTION COMMITTEE -	52-2256246, 512 10TH STREET, NW, WASHINGTON, DC	200004	DC			0.	0.	.00%

032102 12-21-10

## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a,r)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL RIGHT TO LIFE CONVENTIONS, INC	B	80,694.	
NATIONAL RIGHT TO LIFE EDUCATION FUND	D	168,841.	
(2) NATIONAL RIGHT TO LIFE EDUCATION TRUST	J	324,636.	
NATIONAL RIGHT TO LIFE POLITICAL ACTION FUND	O	1,124,744.	
(4) COMMITTEE	O	69,272.	
NATIONAL RIGHT TO LIFE POLITICAL ACTION COMMITTEE	P	471,070.	
(5) NATIONAL RIGHT TO LIFE EDUCATION TRUST FUND	P	39	

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

032184  
12-21-10

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

100759177